

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: NJ
APPLICATION YEAR: 2011

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FORM 2
MCH BUDGET DETAILS FOR FY 2011

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: NJ

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 11,683,598

A.Preventive and primary care for children:

\$ 4,477,235 (38.32%)

B.Children with special health care needs:

\$ 4,070,662 (34.84%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 1,117,492 (9.56%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 114,269,877

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 9,419,570

\$ 114,269,877

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 125,953,475

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 93,713

c. CISS: \$ 132,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 500,000

f. EMSC: \$ 0

g. WIC: \$ 42,885,265

h. AIDS: \$ 2,260,049

i. CDC: \$ 3,822,731

j. Education: \$ 10,865,873

k. Other: \$

Family Planning \$ 3,534,841

Others \$ 2,520,482

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 66,614,954

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 192,568,429

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Form2_Main
Field Name: WIC
Row Name: Other Federal Funds - WIC
Column Name:
Year: 2011
Field Note:
\$42,885,265 does not include food or farmers' market.

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NJ

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,348,500	\$ 15,321,650	\$ 11,876,774	\$ 11,238,157	\$ 11,876,774	\$ 11,633,788
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 90,237,699	\$ 86,156,199	\$ 87,180,699	\$ 119,287,009	\$ 124,066,801	\$ 129,944,080
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal	\$ 102,586,199	\$ 101,477,849	\$ 99,057,473	\$ 130,525,166	\$ 135,943,575	\$ 141,577,868
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 43,536,978	\$ 43,536,978	\$ 46,458,238	\$ 45,543,293	\$ 46,984,124	\$ 45,574,600
9. Total <i>(Line11, Form 2)</i>	\$ 146,123,177	\$ 145,014,827	\$ 145,515,711	\$ 176,068,459	\$ 182,927,699	\$ 187,152,468
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NJ

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 11,401,000	\$ 11,438,007	\$ 11,685,330	\$	\$ 11,683,598	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 138,405,877	\$ 130,964,984	\$ 130,260,877	\$	\$ 114,269,877	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
7. Subtotal	\$ 149,806,877	\$ 142,402,991	\$ 141,946,207	\$ 0	\$ 125,953,475	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 45,445,924	\$ 44,621,750	\$ 55,818,677	\$	\$ 66,614,954	\$
9. Total <i>(Line11, Form 2)</i>	\$ 195,252,801	\$ 187,024,741	\$ 197,764,884	\$ 0	\$ 192,568,429	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3
None
FIELD LEVEL NOTES
None

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NJ

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 7,430,303	\$ 6,734,520	\$ 7,898,588	\$ 7,725,640	\$ 8,665,530	\$ 7,196,338
b. Infants < 1 year old	\$ 10,842,945	\$ 8,700,500	\$ 6,690,410	\$ 5,646,453	\$ 5,198,707	\$ 5,338,866
c. Children 1 to 22 years old	\$ 11,545,240	\$ 11,140,200	\$ 10,022,400	\$ 12,755,319	\$ 10,363,643	\$ 14,342,993
d. Children with Special Healthcare Needs	\$ 71,667,711	\$ 73,717,017	\$ 73,718,900	\$ 103,479,556	\$ 110,566,581	\$ 113,201,928
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 1,100,000	\$ 1,185,612	\$ 727,175	\$ 918,198	\$ 1,149,114	\$ 1,497,743
g. SUBTOTAL	\$ 102,586,199	\$ 101,477,849	\$ 99,057,473	\$ 130,525,166	\$ 135,943,575	\$ 141,577,868
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 132,836		\$ 100,000	
c. CISS	\$ 0		\$ 100,000		\$ 140,000	
d. Abstinence Education	\$ 914,945		\$ 914,945		\$ 0	
e. Healthy Start	\$ 500,000		\$ 500,000		\$ 500,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 22,088,115		\$ 23,885,700		\$ 23,885,700	
h. AIDS	\$ 2,283,000		\$ 2,283,000		\$ 2,260,049	
i. CDC	\$ 1,442,466		\$ 2,288,757		\$ 2,585,643	
j. Education	\$ 10,193,673		\$ 11,928,000		\$ 11,066,631	
k. Other						
Lead CDC	\$ 0		\$ 0		\$ 962,918	
SSBG	\$ 1,922,000		\$ 1,922,000		\$ 5,483,183	
Hearing	\$ 0		\$ 220,000		\$ 0	
OPA	\$ 0		\$ 2,283,000		\$ 0	
Family Planning	\$ 3,121,766		\$ 0		\$ 0	
Other	\$ 971,013		\$ 0		\$ 0	
III. SUBTOTAL	\$ 43,536,978		\$ 46,458,238		\$ 46,984,124	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NJ

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 8,973,485	\$ 8,177,845	\$ 9,424,423	\$	\$ 7,499,733	\$
b. Infants < 1 year old	\$ 5,321,214	\$ 5,585,540	\$ 5,222,087	\$	\$ 5,126,372	\$
c. Children 1 to 22 years old	\$ 14,279,510	\$ 12,200,890	\$ 15,018,843	\$	\$ 6,609,841	\$
d. Children with Special Healthcare Needs	\$ 120,100,089	\$ 115,340,328	\$ 111,128,061	\$	\$ 105,600,037	\$
e. Others	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
f. Administration	\$ 1,132,579	\$ 1,098,388	\$ 1,152,793	\$	\$ 1,117,492	\$
g. SUBTOTAL	\$ 149,806,877	\$ 142,402,991	\$ 141,946,207	\$ 0	\$ 125,953,475	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 132,836		\$ 94,644		\$ 93,713	
c. CISS	\$ 140,000		\$ 105,000		\$ 132,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 500,000		\$ 500,000		\$ 500,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 23,885,700		\$ 33,275,457		\$ 42,885,265	
h. AIDS	\$ 2,283,000		\$ 2,260,049		\$ 2,260,049	
i. CDC	\$ 1,295,357		\$ 3,224,471		\$ 3,822,731	
j. Education	\$ 11,066,631		\$ 10,865,873		\$ 10,865,873	
k. Other						
Family Planning	\$ 0		\$ 3,413,730		\$ 3,534,841	
Others	\$ 0		\$ 2,079,453		\$ 2,520,482	
CDC Lead	\$ 1,105,400		\$ 0		\$ 0	
Hearing	\$ 220,000		\$ 0		\$ 0	
OPA	\$ 2,895,000		\$ 0		\$ 0	
SSBG	\$ 1,922,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 45,445,924		\$ 55,818,677		\$ 66,614,954	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2011
Field Note:
Elimination of family planning state funding in SFY 2011 budget reduced funding for pregnant women and adolescents.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2009
Field Note:
Expended differs from budgeted amount by more than 10%.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
Expended differs from budgeted amount by more than 10%.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2011
Field Note:
Elimination of family planning state funding in SFY 2011 budget reduced funding for pregnant women and adolescents.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2009
Field Note:
Expended differs from budgeted amount by more than 10% due to delays in implementing lead and adolescent services.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2008
Field Note:
Expended differs (exceeded) from budgeted amount by more than 10%.
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2011
Field Note:
Reduction of state funding for early intervention reduced overall budget for CSHCN.
8. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2008
Field Note:
Expended differs from budgeted amount by more than 10%.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NJ

TYPE OF SERVICE	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 71,417,821	\$ 73,392,623	\$ 72,726,300	\$ 98,279,008	\$ 109,433,180	\$ 109,370,811
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 14,220,380	\$ 11,588,877	\$ 11,034,399	\$ 15,938,351	\$ 10,965,314	\$ 17,442,867
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 11,408,940	\$ 10,790,569	\$ 9,032,174	\$ 10,352,406	\$ 10,036,692	\$ 7,993,907
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 5,539,058	\$ 5,705,780	\$ 6,264,600	\$ 5,955,401	\$ 5,508,389	\$ 6,770,283
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 102,586,199	\$ 101,477,849	\$ 99,057,473	\$ 130,525,166	\$ 135,943,575	\$ 141,577,868

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NJ

TYPE OF SERVICE	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 111,414,100	\$ 106,651,905	\$ 107,316,193	\$	\$ 88,460,440	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 20,584,077	\$ 18,871,286	\$ 18,174,577	\$	\$ 18,329,977	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 10,320,500	\$ 8,862,202	\$ 9,561,400	\$	\$ 12,459,391	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 7,488,200	\$ 8,017,598	\$ 6,894,037	\$	\$ 6,703,667	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 149,806,877	\$ 142,402,991	\$ 141,946,207	\$ 0	\$ 125,953,475	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2011
Field Note:
State reduction/elimination of early intervention and family planning funding reduced amount allocated to direct services.
2. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
FY2008 Enabling Services, Expended differs from budgeted amount by more than 10%. Expended amount is 10% more than that budgeted.
3. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2009
Field Note:
FY2009 Population-Based Services, Expended differs from budgeted amount by more than 10%. Expended amount is more than 10% less that budgeted due to hiring freeze.
4. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
FY2008 Population-Based Services, Expended differs from budgeted amount by more than 10%. Expended amount is more than 10% less that budgeted.
5. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2008
Field Note:
FY2008 Infrastructure Building Services, Expended differs from budgeted amount by more than 10%. Expended amount is 10% more than that budgeted.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: NJ

Total Births by Occurrence: 108,791

Reporting Year: 2008

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	108,791	100	12	4	4	100
Congenital Hypothyroidism	108,791	100	1,681	68	68	100
Galactosemia	108,791	100	88	32	32	100
Sickle Cell Disease	108,791	100	88	32	32	100
Other Screening (Specify)						
Biotinidase Deficiency	108,791	100	20	0	0	
Cystic Fibrosis	108,791	100	284	21	21	100
Homocystinuria	108,791	100	40	3	3	100
Maple Syrup Urine Disease	108,791	100	2	2	2	100
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	108,791	100	1	1	1	100
Argininosuccinic Acidemia	108,791	100	1	1	1	100
Citrullinemia	108,791	100	1	1	1	100
Isovaleric Acidemia	108,791	100	0	0	0	
Propionic Acidemia	108,791	100	1	1	1	100
3-Methylcrotonyl-CoA Carboxylase Deficiency	108,791	100	1	1	1	100
Methylmalonic acidemia (Cbl A,B)	108,791	100	0	0	0	
Glutaric Acidemia Type I	108,791	100	0	0	0	
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	108,791	100	6	6	6	100
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	108,791	100	0	0	0	

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

Source: Newborn Screening Program - The number of initial newborn biochemical screenings as reported by the State's Inborn Errors of Metabolism Laboratory and the number of confirmed cases and cases treated from the Newborn Biochemical Screening Follow-up Program in SFY 2008.

FIELD LEVEL NOTES

None

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: NJ

Reporting Year: 2009

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	104,481	28.0		65.0	5.0	2.0
Infants < 1 year old	106,944	32.0		63.0	3.0	2.0
Children 1 to 22 years old	210,192					100.0
Children with Special Healthcare Needs	48,456	45.0		50.0	3.0	2.0
Others	30,000					100.0
TOTAL	500,073					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2011
Field Note:
Source: Provisional EBC data for 2009. Number of women delivering liveborn infants. Primary Source of Insurance Coverage for prenatal care from the PRAMS Survey (2002-2007 data).
2. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2011
Field Note:
Source: Provisional EBC data for 2009. Number of liveborn infants. Source of Insurance Coverage for delivery care from the PRAMS Survey (2002 - 2007 data).
3. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2011
Field Note:
Estimated number of Children 1 to 22 years old is based on the estimated total of children served in 2009 in the Fluoride Mouthrinse Program (26,300), Oral Health Education (80,000), Adolescent Family Planning (35,000), and Adolescent Community Partnerships (68,892). Primary source of health insurance coverage is not available. An exact unduplicated count of children served is not available from the programmatic data. During calendar year 2008, 176,144 children were screened for Lead Poisoning.
4. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2011
Field Note:
Source: Children served in 2009 by Case Management , Child Evaluation Centers , Tertiary Care Centers , Cleft Lip/Cleft Palate Centers & Newborn Biochemical Follow-up .
Primary sources of Insurance based on programmatic statistics reported to SCHEIS from grantee programs.
5. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2011
Field Note:
Number of Others is an estimate of individuals served in Family Planning Centers.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: NJ

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	109,539	73,672	19,613		11,157			5,097
Title V Served	109,539	73,672	19,613		11,157			5,097
Eligible for Title XIX	27,134	15,189	8,941		762			2,242
INFANTS								
Total Infants in State	109,539	73,672	19,613		11,157			5,097
Title V Served	109,539	73,672	19,613		11,157			5,097
Eligible for Title XIX	27,134	15,189	8,941		762			2,242

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State		29,016						29,016
Title V Served		29,016						29,016
Eligible for Title XIX		12,555						12,555
INFANTS								
Total Infants in State		29,016						29,016
Title V Served		29,016						29,016
Eligible for Title XIX		12,555						12,555

FORM NOTES FOR FORM 8
None
FIELD LEVEL NOTES
None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NJ

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	_____	_____	_____	_____	_____
4. Contact Person's Telephone Number	_____	_____	_____	_____	_____
5. Contact Person's Email	_____	_____	_____	_____	_____
6. Number of calls received on the State MCH "Hotline" this reporting period	_____ 0	_____ 0	_____ 0	_____ 0	_____ 0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NJ

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 328-3838</u>	<u>(800) 328-3838</u>	<u>(800) 328-3838</u>	<u>(800) 328-3838</u>	<u>(800) 328-3838</u>
2. State MCH Toll-Free "Hotline" Name	Family Health Line	Family Health Line	Family Health Line	Family Health Line	Family Health Line
3. Name of Contact Person for State MCH "Hotline"	<u>Elizabeth Dahms</u>	<u>Elizabeth Dahms</u>	<u>Reza Behbehanian</u>	<u>Reza Behbehanian</u>	<u>Reza Behbehanian</u>
4. Contact Person's Telephone Number	<u>(609) 292-5616</u>	<u>(609) 292-5616</u>	<u>(609) 292-5616</u>	<u>(609) 292-5616</u>	<u>(609) 292-5616</u>
5. Contact Person's Email	<u>Elizabeth.Dahms@doh.st</u>	<u>Elizabeth.Dahms@doh.sl</u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>17,850</u>	<u>15,173</u>	<u>12,372</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2009

Field Note:

During FY 2009, the Family Health Line received and assisted 17,850 calls, and made 14,847 referrals. The Reproductive and Perinatal Health Services monitors the grant with the Family Health Line that is a component of the Center for Family Services, Inc. The Reproductive and Perinatal Health Services provides the Family Health Line with consultation, technical assistance and educational material support to facilitate its participation in community events and networking. The Family Health Line employs three clinical staff members who are responsible to answer the Perinatal Mood Disorders Speak Up When You're Down calls. They screen the callers and coordinate working with Mental Health Providers.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2011
[SEC. 506(A)(1)]
STATE: NJ

1. State MCH Administration:
(max 2500 characters)

In New Jersey the administration of the MCH Block Grant, including the program for children and youth with special health care needs, is organizationally located within the Department of Health and Senior Services, Division of Family Health Services (FHS). The division's organization is based on function, rather than categorical programs. Maternal and Child Health Services (MCHS) has oversight of the Maternal and Child Health Consortia (MCHC), the Healthy Mothers Healthy Babies Coalitions (HMHB), FAS risk reduction perinatal addiction services, Healthy Start, the Black Infant Mortality Reduction Awareness Campaign, comprehensive maternity services and outreach and education, preventive and primary care services including child and adolescent health services, oral health, childhood lead poisoning prevention services, post partum depression, mortality review, child care, early childhood systems development, and Title X-family planning. The second service unit in FHS, Special Child Health and Early Intervention Services (SCHEIS) administers programs and services to assure that all children and youth with special health needs have access to comprehensive, community based, culturally competent and family centered care. The Birth Defects registry provides for early identification and surveillance. Newborn screening follow-up is within SCHEIS. Specialized pediatric evaluation and treatment services are managed by SCHEIS along with community based case management services for children with special health care needs. Services for adults include hereditary disorders, diabetes control, and chronic renal disease.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,683,598
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 114,269,877
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 125,953,475

9. Most significant providers receiving MCH funds:

MCH Consortia

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	104,481
b. Infants < 1 year old	106,944
c. Children 1 to 22 years old	210,192
d. CSHCN	48,456
e. Others	30,000

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

The prevention oriented system for child health is an outreach case management model designed to assist primary health care providers deliver more effective health supervision and medical care to high risk families through supportive nurse home visiting services. Confidential family planning services are available throughout the state to adolescents. Through home visiting projects, pregnant/parenting adolescents and their infants receive parenting skills training, and linkage with preventive and primary health care. Outreach and education to promote healthy birth outcomes are provided through a network of Healthy Mothers Healthy Babies coalitions. Safety net pediatric tertiary medical and developmental services are available to children with special health care needs. The County Case Management Units provide individualized case management/care coordination services for families with children with special health care need.

b. Population-Based Services:
(max 2500 characters)

Newborn screening follow up assures infants identified as having an inborn error of metabolism receive timely and appropriate treatment. Through the Cavity Free Kids program and the school fluoride mouth rinse program preschool and school age children participate in oral health education activities. The SIDS Center of New Jersey provides the following services: 1) a 24-hour hotline for the acceptance of SIDS case referrals and the provision of information about SIDS, 2) grief counseling services for parents affected by SIDS, 3) a system of continuing public and professional education, and 4) the development of local support groups.

c. Infrastructure Building Services:
(max 2500 characters)

The state's six regional Maternal and Child Health Consortia serve as the local planning, quality assurance, and professional and consumer education agents focused on MCH issues. Using the electronic birth certificate information along with other relevant data, the MCH Epidemiology Program collects and analyzes data on maternal and child health indicators to assist in needs assessment, program planning and improving health outcomes. The birth defects monitoring program maintains the SCHS registry which includes the confidential registration of infants/children with birth defects and special health care needs. This registry serves as an entry point into the SCHEIS case management system. Community Partnerships for Healthy Adolescents provide a focal point for coordinating health promotion activities for Adolescents in eight communities.

12. The primary Title V Program contact person:

Name	Celeste Andriot Wood
Title	

13. The children with special health care needs (CSHCN) contact person:

Name	Gloria Rodriguez
Title	

Assistant Commissioner

Address PO Box 364
City Trenton
State NJ
Zip 08625-0364
Phone (609) 292-4043
Fax (609) 292-9599
Email Celeste.Andriot_Wood@doh.state.nj.us
Web <http://nj.gov/health/fhs/index.shtml>

Service Director, Special Child Health & Early Intervent

Address PO Box 364
City Trenton
State NJ
Zip 08625-0364
Phone (609) 292-4043
Fax (609) 292-9599
Email Gloria.Rodriguez@doh.state.nj.us
Web <http://nj.gov/health/fhs/sch/index.shtml>

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: NJ

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	110,905	110,634	112,406	173	173
Denominator	110,905	110,634	112,406	173	173
Data Source				Newborn Screening Program	Newborn Screening Program
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p><i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Newborn Biochemical Screening Program as reported by the state's Inborn Errors of Metabolism laboratory.

CY 2008 data was entered as provisional 2009 data.

See attached Table - Newborn Screening Disorders FY 2009 Data

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	60	61	62	56	57
Annual Indicator	57.7	57.7	55.4	55.4	55.4
Numerator					
Denominator					
Data Source				CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	58	59	60	61	61
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, a numerator and denominator is not available.

2. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, a numerator and denominator is not available.

3. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	55	56	57	42	43
Annual Indicator	52	52	40.8	40.8	40.8
Numerator					
Denominator					
Data Source				CSHCN Surevy	CSHCN Surevy
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	44	45	46	47	47
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	63	64	64	61	62
Annual Indicator	62.1	62.1	59.9	59.9	59.9
Numerator					
Denominator					
Data Source				CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	63	64	65	66	67
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	78	79	80	88	90
Annual Indicator	75.9	75.9	88	88	88
Numerator					
Denominator					
Data Source				CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	90	91	91	91	91
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2009**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	8	10	12	40	41
Annual Indicator	5.8	5.8	37.9	37.9	37.9
Numerator					
Denominator					
Data Source				CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	40	42	44	45	46
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2009**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>79</u>	<u>82</u>	<u>83</u>	<u>83</u>	<u>84</u>
Annual Indicator	<u>78.2</u>	<u>78.8</u>	<u>82.3</u>	<u>72.8</u>	<u>73.1</u>
Numerator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Denominator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Data Source				NIS, CDC	NIS, CDC
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>74</u>	<u>75</u>	<u>76</u>	<u>77</u>	<u>78</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data from the National Immunization Survey, Q3/2008-Q2/2009. 4:3:1:3:3 rate = 73.1 % (+/- 6.5%).

http://www.cdc.gov/vaccines/stats-surv/nis/tables/0809/tab29_43133_race_iap.xls.

US rate = 75.0 % (+/- 1.1%)

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data from the 2008 National Immunization Survey. 4:3:1:3:3 rate = 72.8 % (+/- 6.1%).

http://www.cdc.gov/vaccines/stats-surv/nis/tables/08/tab29_43133_race_iap.xls.

US rate = 78.2 % (+/- 1.1%)

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	12.5	12.4	12.3	12.2	12
Annual Indicator	12.3	12.1	12.4	10.0	10.0
Numerator	2,216	2,184	2,233	1,755	1,755
Denominator	179,456	180,484	180,103	176,134	176,134
Data Source				BC	BC
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	9.8	9.8	9.7	9.6	9.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: Provisional Electronic Birth Certificate 2008 file as of 6/23/2010, use as provisional 2009 data.

Denominator from <http://lwd.dol.state.nj.us/labor/lpa/dmograph/est/NJ08single.xls>

Final 2009 data will be available in Fall 2011.

2. Section Number: Form11_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Provisional Electronic Birth Certificate file as of 6/23/2010.

Denominator from <http://lwd.dol.state.nj.us/labor/lpa/dmograph/est/NJ08single.xls>

Final 2008 data will be available in Fall 2010.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	44	44	45	45	46
Annual Indicator	40	42	42	46	46
Numerator					
Denominator					
Data Source				Dental Sealant Survey	Dental Sealant Survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	46	47	47	48	48
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2009**Field Note:**

The 2008-2009 oral health survey of third grade children in a sample of elementary schools found that 46% of students had a dental sealant on a permanent molar back tooth.

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008-2009 oral health survey of third grade children in a sample of elementary schools found that 46% of students had a dental sealant on a permanent molar back tooth.

3. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

During the 2006-2007 dental sealant survey, two additional parent/guardian recall questions were asked as follows: "Has your child ever had a cavity?" Data revealed that 52% of third grade students had a cavity during their lifetime. The other question asked, "Did your child have a dental checkup in the last year?" Data revealed that 87% of third grade students had a dental checkup during the last year.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	1.6	1.6	1.5	1.3	1.2
Annual Indicator	1.3	1.3	1.7	1.7	1.7
Numerator	23	23	29	29	29
Denominator	1,737,386	1,737,386	1,693,095	1,693,095	1,693,095
Data Source				CDC	CDC
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	1.6	1.4	1.2	1.1	1.1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data source - CDC National Center for Injury Prevention and Control <http://www.cdc.gov/ncipc/wisqars/>
 2007 data is the most recent data available as of 9/15/2010 and has been entered as provisional 2009 data.

2. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source - CDC National Center for Injury Prevention and Control <http://www.cdc.gov/ncipc/wisqars/>
 2007 data is the most recent data available as of 9/15/2010 and has been entered as provisional 2008 data.

3. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source - CDC National Center for Injury Prevention and Control <http://www.cdc.gov/ncipc/wisqars/>
 2007 data is the most recent data available as of 6/23/2010.

Corrected data for:

2004 MVA Deaths 28 MVA Death Rate=1.60.

2005 MVA Deaths 23 MVA Death Rate=1.33.

2006 MVA Deaths 21 MVA Death Rate=1.23.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective		30	42	46	38
Annual Indicator	29	37.3	37.3	53	53
Numerator					
Denominator					
Data Source				NIS, CDC.	NIS, CDC.
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	53	53	54	54	55
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2009

Field Note:

2006 data entered for provisional 2009 data.

Source: National Immunization Survey, CDC.

Final 2009 data may be available from the CDC in 2012.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

2006 data entered for provisional 2008 data. US comparison 43.4% (+/- 1.3%)

Source: National Immunization Survey, CDC. http://www.cdc.gov/breastfeeding/data/NIS_data/2006/state_any.htm

Final 2008 data may be available from the CDC in 2011.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

Source: National Immunization Survey, 2005 Births, Centers for Disease Control and Prevention, US Department of Health and Human Services
http://www.cdc.gov/breastfeeding/data/NIS_data/2005/state_any.htm

New Jersey 37.3±7.4

Final 2007 data may be available from the CDC in 2010.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	99	99	99	99.2	99.6
Annual Indicator	98.8	99.2	99.2	99.6	99.6
Numerator	108,561	109,181	111,027	108,119	104,694
Denominator	109,902	110,054	111,876	108,514	105,090
Data Source				Newborn Hearing Screening Program	Newborn Hearing Screening Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	99.7	99.7	99.7	99.7	99.8
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2009**Field Note:**

Provisional 2009 data from the Newborn Hearing Screening Program based on the EBC which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

Final 2009 data will be available in 2011.

2. **Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Newborn Hearing Screening Program based on the EBC which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

3. **Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data from the Newborn Hearing Screening Program based on the EBC which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	9.5	9	10	12	11
Annual Indicator	11.3	13.6	13.0	11.3	11.3
Numerator	258,536		288,300	231,000	231,000
Denominator	2,292,031		2,217,692	2,044,000	2,044,000
Data Source				CPS	CPS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	11	10.5	10	9.5	9
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

Data for 2008 is entered as an estimate for 2009.

Final 2009 data will be available in Fall 2011.

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2008

Field Note:

Provisional 2008 data from

Source: U.S. Census Bureau accessed at http://www.census.gov/hhes/www/cpstables/032009/health/h05_000.htm

Final 2008 data will be available in Fall 2010.

3. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2007

Field Note:

Source: the Annual Social and Economic Supplement (ASEC) of the Current population Survey (CPS), which is conducted by the Bureau of the Census for the Bureau of Labor Statistics. The age group is children 0-18 years old.

http://www.state.nj.us/health/chs/documents/hic00_07.pdf

% uninsured is 13.0 with a numerator of 288,300

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective		39	40	39
Annual Indicator	39.8	39.1	35.6	35.4
Numerator	60,981	61,327		
Denominator	153,155	157,001		
Data Source				WIC PedNSS
Check this box if you cannot report the numerator because				
1. There are fewer than 5 events over the last year, and				
2. The average number of events over the last 3 years is fewer				
than 5 and therefore a 3-year moving average cannot be				
applied.				
(Explain data in a year note. See Guidance, Appendix IX.)				
Is the Data Provisional or Final?				Final

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	34	34	34	34
Annual Indicator				
Numerator				
Denominator				

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2009

Field Note:

Source: 2009 Pediatric Nutrition Surveillance report for New Jersey, Table 12C. Provided by the NJ WIC Program as compiled by the CDC (see http://www.cdc.gov/pednss/what_is/pednss/index.htm)

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

Source: 2008 Pediatric Nutrition Surveillance report for New Jersey, Table 12C. Provided by the NJ WIC Program as compiled by the CDC (see http://www.cdc.gov/pednss/what_is/pednss/index.htm)

3. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

Source: 2007 Pediatric Nutrition Surveillance report for New Jersey, Table 12C. Provided by the NJ WIC Program as compiled by the CDC (see http://www.cdc.gov/pednss/what_is/pednss/index.htm)

Historical data that could not be edited.

% WIC Children 2-5 with BMI >=85%

2006 35.6

2005 35.4

2004 34.5

2003 34.9

2002 33.9

2001 33.0

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective		8	8	7.8	6
Annual Indicator	8.1	8.1	6.2	6.2	6.2
Numerator					
Denominator					
Data Source				NJ PRAMS	NJ PRAMS
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	5.8	5.6	5.4	5.2	5.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2009**Field Note:**

2007 NJ PRAMS data entered as provisional estimate for 2009. Final 2009 data will be available in 2012.

2. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 NJ PRAMS data entered as provisional estimate for 2008. Final 2008 data will be available in 2011.

3. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source of data is the NJ PRAMS survey as queried on the CDC PRAMS Ponder system.

Indicator is reported as 6.2% (CI 5.3% - 7.2%).

See NJ PRAMS website (<http://www.state.nj.us/health/fhs/professional/prams.shtml>) for briefs on maternal smoking.

Historical data for PM #15

2006 5.7%

2005 6.7%

2004 7.9%

2003 7.9%

2002 9.0%

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	3	2.9	2.8	4.2	3.7
Annual Indicator	4.4	4.4	4.1	4.1	4.1
Numerator	26	26	24	24	24
Denominator	585,572	588,624	589,614	589,614	589,614
Data Source				WISQARS, CDC	WISQARS, CDC
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	3.9	3.8	3.7	3.6	3.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2009**Field Note:**

2007 data entered as provisional estimate for 2009 data. Final 2009 data will be available from the CDC in 2012.

2. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 data entered as provisional estimate for 2008 data. Final 2008 data will be available from the CDC in 2011.

3. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:**Source: WISQARS Injury Mortality Reports online at http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	85	85	80	80	83
Annual Indicator	80.5	77.6	76.7	82.6	85.6
Numerator	1,398	1,379	1,315	1,446	1,358
Denominator	1,737	1,776	1,714	1,751	1,587

Data Source

EBC

EBC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	86	86	87	87	88
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2009**Field Note:**

Provisional 2009 data from the Electronic Birth Certificate file as of 6/23/2010. Final 2009 data may be available in Fall 2011.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Provisional 2008 data from the Electronic Birth Certificate file as of 6/23/2010. Final 2008 data may be available in Fall 2010.

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data from the Electronic Birth Certificate file as of 6/23/2010.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	79	79	79.2	79.2	79.4
Annual Indicator	77.9	77.1	76.6	78.4	79.5
Numerator	86,278	86,158	86,363	85,891	85,018
Denominator	110,697	111,727	112,715	109,539	106,944
Data Source				EBC	EBC
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	79.6	79.8	80	80.2	80.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: 2009 provisional data from the Electronic Birth Certificate file as of 6/23/2010. Final data will be available in 2012.

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: 2008 provisional data from the Electronic Birth Certificate file as of 6/23/2010. Final data will be available in 2011.

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: 2007 provisional data from the Electronic Birth Certificate file as of 5/6/2009. Final data will be available in 2010.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: NJ

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

The percentage of Black non-Hispanic preterm infants in New Jersey

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>13.2</u>	<u>13.1</u>	<u>13</u>	<u>13</u>	<u>13</u>
Annual Indicator	<u>11.5</u>	<u>12.1</u>	<u>11.3</u>	<u>11.0</u>	<u>10.6</u>
Numerator	<u>1,866</u>	<u>2,039</u>	<u>1,945</u>	<u>1,861</u>	<u>1,744</u>
Denominator	<u>16,221</u>	<u>16,864</u>	<u>17,256</u>	<u>16,858</u>	<u>16,507</u>
Data Source				EBC	EBC
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>13</u>	<u>12</u>	<u>12</u>	<u>11.5</u>	<u></u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2009

Field Note:

Provisional 2009 data from the Electronic Birth Certificate file as of 6/23/2010. Final 2009 data will be available in 2012.

2. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2008

Field Note:

Provisional 2008 data from the Electronic Birth Certificate file as of 6/23/2010. Final 2008 data will be available in 2011.

3. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data from the Electronic Birth Certificate file as of 5/6/2009.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

The percentage of Regional MCH Consortia implementing community-based Fetal and Infant Mortality Review (FIMR) Teams.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	6	6	6	6	6
Denominator	6	6	6	6	6
Data Source				Maternal Child & Community Health Service Unit	Maternal Child & Community Health Service Unit
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	
Annual Indicator					
Numerator					
Denominator					

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Maternal Child & Community Health Service Unit

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Maternal Child & Community Health Service Unit

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

The percentage of children with elevated blood lead levels (≥ 20 ug/dL).

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	0.3	0.3	0.2	0.2	0.2
Annual Indicator	0.4	0.3	0.2	0.1	0.1
Numerator	628	450	350	261	231
Denominator	173,141	179,158	161,776	175,053	175,732
Data Source				Childhood Lead Prevention Program Database	Childhood Lead Prevention Program Database
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	0.1	0.1	0.1	0.1	
Annual Indicator					
Numerator					
Denominator					

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: Childhood Lead Prevention Program Database, MCCH, FHS.
for 2009. Final 2009 data will be available in Spring 2011.

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Childhood Lead Prevention Program Database, MCCH, FHS.
for 2008.

3. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Childhood Lead Prevention Program Database, MCCH, FHS.
for Federal Fiscal Year 2007.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

The percentage of repeat pregnancies among adolescents 15 - 19 years of age.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	5.8	5.7	5.6	5.5	5.5
Annual Indicator	5.9	6.3	5.7	6.1	6.5
Numerator	408	448	411	426	412
Denominator	6,865	7,139	7,258	6,973	6,343
Data Source				EBC	EBC
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	5.4	5.4	5.3	5.3	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2009**Field Note:**

Provisional 2009 data from the Electronic Birth Certificate file as of 6/23/2010. Final 2009 data will be available in Fall 2011.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Provisional 2008 data from the Electronic Birth Certificate file as of 6/23/2010. Final 2008 data will be available in Fall 2010.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Provisional 2007 data from the Electronic Birth Certificate file as of 5/6/2009.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

The percentage of State supported initiatives implemented for improving the nutrition and physical activity of children and adolescents

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	12	12	12	12	12
Denominator	12	12	12	12	12
Data Source				Source: Child & Adolescent Health Programs	Source: Child & Adolescent Health Programs
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u></u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Child & Adolescent Health Programs, FHS.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Child & Adolescent Health Programs, FHS.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

The percentage of children with birth defects who are appropriately reported to the New Jersey Birth Defects Registry.

Annual Objective and Performance Data				
	2005	2006	2007	2008
Annual Performance Objective	87	88	88	89
Annual Indicator	88.8	88.8	89.9	89.9
Numerator	1,359	1,359	1,466	1,466
Denominator	1,531	1,531	1,630	1,630
Data Source				NJ Birth Defects Registry
Is the Data Provisional or Final?				Provisional

Annual Objective and Performance Data				
	2010	2011	2012	2013
Annual Performance Objective	90	91	92	92
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.			
Numerator				
Denominator				

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: 2007 NJ Birth Defects Registry entered as an estimate for 2009 data. Final 2009 data will be available in 2011.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Provisional 2007 NJ Birth Defects Registry entered as an estimate for 2008 data. Final 2008 data will be available in 2010.

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Provisional NJ Birth Defects Registry. Final data is pending further hospital medical cahrt audits.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Percent of children reported to the NJ Birth Defects Registry by three months of age.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		80	80	80	80
Annual Indicator	63.6	59.9	60.7	52.8	52.8
Numerator	3,385	3,703	3,649	3,037	3,037
Denominator	5,320	6,177	6,007	5,750	5,750
Data Source				NJ Birth Defects Registry	NJ Birth Defects Registry
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	80	80	80	80	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data for 2008 entered as 2009 estimate pending verification of completeness of 2009 data file. Final 2009 data will be available in 2011.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 entered as estimate pending verification of completeness of 2008 data file. Final 2008 data will be available in 2010.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data for 2007 entered as estimate pending verification of completeness of 2007 data file. Final 2007 data will be available in 2009.

STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR

The percentage of HIV exposed newborns receiving appropriate antiviral treatment to reduce the perinatal transmission of HIV.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>74</u>	<u>75</u>	<u>76</u>	<u>77</u>	<u>77</u>
Annual Indicator	<u>82.9</u>	<u>97.0</u>	<u>97.0</u>	<u>97.0</u>	<u>97.0</u>
Numerator	<u>136</u>	<u>128</u>	<u>128</u>	<u>128</u>	<u>128</u>
Denominator	<u>164</u>	<u>132</u>	<u>132</u>	<u>132</u>	<u>132</u>
Data Source				Division HIV/AIDS	Division HIV/AIDS
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>78</u>	<u>78</u>	<u>78</u>	<u>79</u>	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data for 2009 is not currently available (may be available Fall 2011). Data for 2006 entered as provisional 2009 data.

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 is not currently available (may be available Fall 2010). Data for 2006 entered as provisional 2008 data.

3. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data for 2007 is not currently available (may be available Fall 2009). Data for 2006 entered as provisional 2007 data.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: NJ

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	5.9	5.8	5.8	5.7	5.6
Annual Indicator	5.3	5.2	5.3	5.3	5.3
Numerator	595	595	604	604	604
Denominator	112,851	114,443	114,664	114,664	114,664
Data Source				NCHS, CDC	NCHS, CDC
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	5.5	5.4	5.3	5.2	5.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2009
Field Note:
Final data for 2009 is not available as of 9/15/2010 from the NCHS. Data from 2006 is entered into 2009 as a required estimate. Final 2009 data may be available in 2013.
- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2008
Field Note:
Final data for 2008 is not available as of 9/15/2010 from the NCHS. Data from 2006 is entered into 2008 as a required estimate. Final 2008 data may be available in 2012.
- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2007
Field Note:
Final data for 2007 is not available as of 9/15/2010 from the NCHS. Data from 2006 is entered into 2007 as a required estimate. Final 2007 data may be available in 2011.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	2.3	2.3	2.2	2.2	2.1
Annual Indicator	2.8	2.8	2.8	2.8	2.8
Numerator	11.6	11	11	11	11
Denominator	4.2	4	4	4	4
Data Source				NCHS, CDC	NCHS, CDC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	2.1	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2009

Field Note:

Final data for 2009 is not available as of 9/15/2010 . Data from 2006 is entered into 2009. Final 2009 data may not be available until Fall 2011.

2. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2008

Field Note:

Final data for 2008 is not available as of 9/15/2010 . Data from 2006 is entered into 2008. Final 2008 data may not be available until Fall 2011.

3. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

Final data for 2007 is not available as of 9/15/2010 . Data from 2006 is entered into 2007. Final 2007 data may not be available until Fall 2010.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	3.9	3.9	3.8	3.8	3.7
Annual Indicator	4.0	3.5	3.7	3.7	3.7
Numerator	454	395	428	428	428
Denominator	113,651	114,443	114,664	114,664	114,664
Data Source				NCHS	NCHS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	3.6	3.6	3.5	3.4	3.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

Final data for 2009 is not available as of 9/15/2010 from the NCHS. Data from 2006 is entered as a provisional estimate for 2009. Final 2009 data may be available in Fall 2012.

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Final data for 2008 is not available as of 9/15/2010 from the NCHS. Data from 2006 is entered as a provisional estimate for 2008. Final 2008 data may be available in Fall 2011.

3. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Final data for 2007 is not available as of 9/15/2010 from the NCHS. Data from 2006 is entered as a provisional estimate for 2007. Final 2007 data may be available in Fall 2010.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	1.7	1.7	1.7	1.6	1.6
Annual Indicator	1.6	1.7	1.5	1.5	1.5
Numerator	178	198	170	170	170
Denominator	113,651	114,443	114,664	114,664	114,664

Data Source

NCHS, CDC

NCHS, CDC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	1.5	1.5	1.5	1.4	1.4

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2009

Field Note:

Final data for 2009 is not available as of 9/15/2010 from the NCHS. Data from 2006 is entered into 2009 as provisional estimate. Final 2009 data may be available in Fall 2012.

2. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2008

Field Note:

Final data for 2008 is not available as of 9/15/2010 from the NCHS. Data from 2006 is entered into 2008 as provisional estimate. Final 2008 data may be available in Fall 2011.

3. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2007

Field Note:

Final data for 2007 is not available as of 9/15/2010 from the NCHS. Provisional data from 2006 is entered into 2007. Final 2007 data may be available in Fall 2010.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	5.9	5.8	5.8	5.7	7.9
Annual Indicator	6.1	8.0	8.0	8.0	8.0
Numerator	698	909	909	909	909
Denominator	114,349	113,966	113,966	113,966	113,966
Data Source				NCHS	NCHS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	7.8	7.7	7.6	7.5	7.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2009

Field Note:

Final data for 2009 is not available as of 9/15/2010 from the NCHS. Data from 2005 is entered as a provisional estimate into 2009. Final 2009 data may be available in Fall 2012.

2. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2008

Field Note:

Final data for 2008 is not available as of 9/15/2010 from the NCHS. Data from 2005 is entered as a provisional estimate into 2008. Final 2008 data may be available in Fall 2011.

3. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

Final data for 2007 is not available as of 9/15/2010 from the NCHS. Data from 2005 is entered as a provisional estimate into 2007. Final 2007 data may be available in Fall 2010.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	13	13	13	12.5	12.5
Annual Indicator	14.0	12.3	12.4	12.4	12.4
Numerator	234	197	197	197	197
Denominator	1,672,466	1,600,868	1,582,944	1,582,944	1,582,944
Data Source				NCHS	NCHS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	12.5	12.4	12.4	12.3	12.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2009

Field Note:

Final data from 2009 is not available as of 9/15/2010 .

Data from 2005 is entered as a required estimate for 2009.

Final data from 2009 may be available in 2013.

Denominator Source: Population Division, US Census Bureau, May 1, 2008.

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

Final data from 2008 is not available as of 9/15/2010 .

Data from 2005 is entered as a required estimate for 2008.

Final data from 2008 may be available in 2012.

Denominator Source: Population Division, US Census Bureau, May 1, 2008.

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

Final data from 2006 is not available as of 9/15/2010 .

Data from 2005 is entered as a required estimate for 2007.

Final data from 2007 may be available in 2011.

Denominator Source: Population Division, US Census Bureau, May 1, 2008.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: NJ

Form Level Notes for Form 12

None

STATE OUTCOME MEASURE # 1 - REPORTING YEAR

The Fetal Mortality Rate per 1,000 live births plus fetal deaths

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		7	7	6.9	6.5
Annual Indicator	6.4	6.1	6.1	6.1	6.1
Numerator	742	703	703	703	703
Denominator	115,185	114,355	114,355	114,355	114,355
Data Source				NCHS	NCHS
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	6.3	6.1	6	6	
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form12_State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2009
Field Note:
 Final data for 2009 is not available as of 9/15/2010 . Data from 2006 is entered into 2009 as a required estimate. Final 2009 data may be available in 2013.
- Section Number:** Form12_State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2008
Field Note:
 Final data for 2008 is not available as of 9/15/2010 . Data from 2006 is entered into 2008 as a required estimate. Final 2008 data may be available in 2012.
- Section Number:** Form12_State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2007
Field Note:
 Final data for 2007 is not available as of 5/6/2009. Data from 2005 is entered into 2007 as a required estimate. Final 2007 data may be available in 2011.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: NJ

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

2

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 16

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: NJ FY: 2011

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increasing Healthy Births
2. Improving Nutrition and Physical Activity
3. Reducing Black Infant Mortality
4. Reduction of Adolescent Risk Taking Behaviors
5. Improving Access to Quality Care for CYSHCN
6. Reducing Teen Pregnancy
7. Decrease Asthma Hospitalizations
8. Improving and Integrating Information Systems
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: NJ

APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	TA to improve Needs Assessment capacity for social service related information (education, child protective services...).	Improve Needs Assessment capacity for social service related information.	Not known
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: NJ

SP(Reporting Year) # _____ 1

PERFORMANCE MEASURE:

The percentage of Black non-Hispanic preterm infants in New Jersey

STATUS:

Active

GOAL

Decrease the rate of Black non-Hispanic preterm births.

DEFINITION

A preterm birth is defined as any newborn whose birth occurs through the end of the last day of the 37th week (259th day) following the onset of the last menstrual period.

Numerator:

Number of Black non-Hispanic preterm births (less than 259 days from the onset of the last menstrual period) in New Jersey.

Denominator:

Number of Black non-Hispanic live births in New Jersey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital statistics collects the date of the last menstrual period and gestational age routinely on the electronic birth certificate.

SIGNIFICANCE

Preterm births are a primary determinant of Black infant mortality. Infant who are born preterm are at the highest risk for infant mortality and morbidity.

SP(Reporting Year) # 2

PERFORMANCE MEASURE:

The percentage of Regional MCH Consortia implementing community-based Fetal and Infant Mortality Review (FIMR) Teams.

STATUS:

Active

GOAL

To enhance the health and well-being of women, infants, and their families in New Jersey by improving the community resources and services delivery systems available to them.

DEFINITION

Fetal and Infant Mortality Reviews will be established in select communities in New Jersey through the Maternal and Child Health Consortia. This system of reviews will be consistent with the guidelines published by the Maternal and Child Health Bureau as developed by the MCH Bureau/ACOG National Fetal and Infant Mortality Review Program. A tool to describe the results of the reviews is being developed.

Numerator:

The number of Maternal and Child Health Consortia in New Jersey with community-based Fetal and Infant Mortality Review (FIMR) Teams.

Denominator:

The total number of Maternal and Child Health Consortia (during 2003 there were 7 MCH Consortia, as of 1/2004 there are 6).

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The number of Regional MCH Consortia implementing community-based Fetal and Infant Mortality Review (FIMR) Teams is reported by the Maternal Child and Community Health (MCCH) Service Unit in the NJDHSS. MCCH is developing a summary report of NJ FIMR projects.

SIGNIFICANCE

Increasing the understanding of the circumstances and factors associated with fetal and infant deaths advances the ability to assess needs, improve the social and health care delivery system, target resources, and develop policies for women, infants, and their families in specific locations.

SP(Reporting Year) # 3

PERFORMANCE MEASURE:

The percentage of children with elevated blood lead levels (≥ 20 ug/dL).

STATUS:

Active

GOAL

Decrease the percentage of children with elevated blood lead levels.

DEFINITION

The percentage of children with elevated blood lead levels (≥ 20 ug/dL).

Numerator:

The number of children with elevated blood lead levels (≥ 20 ug/dL).

Denominator:

The number of children reported tested for blood lead in New Jersey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

New Jersey's Childhood Lead Data Reporting and Tracking System starting in FY 1999. Prior years data based on reports from local health departments participating in NJDHSS childhood lead poisoning surveillance system.

SIGNIFICANCE

Children with elevated blood lead levels are at increased risk for behavioral, physiological and learning problems.

SP(Reporting Year) # 4

PERFORMANCE MEASURE:

The percentage of repeat pregnancies among adolescents 15 - 19 years of age.

STATUS:

Active

GOAL

Reduce the number of repeat pregnancies/births among adolescents 15-19 years of age.

DEFINITION

Percentage of repeat pregnancies among adolescents 15 - 19 years of age.

Numerator:

Number of repeat pregnancies/births to adolescents 15-19 years of age.

Denominator:

Number of pregnancies/births to adolescents 15-19 years of age.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Electronic Birth Certificate which reports previous pregnancies, adolescent parenting program data set.

SIGNIFICANCE

Teen parenting is associated with low academic achievement, poverty, and single parenthood, teen parents are also more likely to have another child within 2 years often leading to increased hardship and economic dependency.

SP(Reporting Year) # 5

PERFORMANCE MEASURE:

The percentage of State supported initiatives implemented for improving the nutrition and physical activity of children and adolescents

STATUS:

Active

GOAL

Improve the nutritional status and physical fitness of children and adolescents through the development of a strategic plan facilitating the integration of nutritional services into all aspects of child and adolescent health activities.

DEFINITION

The percentage implementation of activities from the state plan to improve the nutritional and physical fitness of children and adolescents.

Numerator:

Activities of the state strategic plan that has been implemented.

Denominator:

Total activities in the state strategic plan for nutrition and physical fitness for children and adolescents.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Child and Adolescent Health Program in the Division of Family Health Services of the NJDHSS will report the total number of activities in the state strategic plan and will report annually the number of activities implemented from the state strategic plan.

SIGNIFICANCE

Healthy eating patterns in childhood and adolescence promote optimal health, growth, and intellectual development. About 50% of adult body weight and 15% of adult body height and 45% of adult skeletal mass are gained through adolescence. There are strong links between diet and physical activity and the prevention of heart disease, stroke, certain types of cancer and osteoporosis.

SP(Reporting Year) # 6

PERFORMANCE MEASURE:

The percentage of children with birth defects who are appropriately reported to the New Jersey Birth Defects Registry.

STATUS:

Active

GOAL

To improve the compliance with mandated reporting of children with birth defects to the Special Child Health Services (SCHS) Registry.

DEFINITION

The percentage of children with birth defects who are appropriately reported to the New Jersey Birth Defects Registry.

Numerator:

The number of children with birth defects reported to the SCHS Registry.

Denominator:

The total number of children with birth defects, reported by existing agencies/professions and those identified through an audit of maternity and pediatric facilities.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Annual audits are conducted at all maternity hospitals and facilities with pediatric beds. Through the audit, it is possible to determine the number of children born during a specified time period who were reported appropriately by the facility, as well as the number of children who were missed.

SIGNIFICANCE

Birth defects affect 3-4% of newborns. Accurate information on their occurrence affects surveillance, service delivery, needs assessments, planning efforts, as well as other public health functions.

PERFORMANCE MEASURE:

Percent of children reported to the NJ Birth Defects Registry by three months of age.

STATUS:

Active

GOAL

To improve information regarding birth defects

DEFINITION

Percent of children reported to the NJ Birth Defects Registry by three months of age.

Numerator:

The number of children reported to the NJ Birth Defects Registry by three months of age.

Denominator:

The number of children reported to the NJ Birth Defects Registry.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Reported by Special Child Adult and Early Intervention Services (SCAEIS) in the Division of Family Health Services in NJDHSS.

SIGNIFICANCE

The cause of 40-60% of birth defects is unknown. Participation in this national study will yield detailed information on potential risk factors for selected defects. Eight centers will be completing interviews which can be pooled for detailed analysis. It is hoped that information from this survey will aid in the development and implementation of appropriate prevention activities.

SP(Reporting Year) # 8

PERFORMANCE MEASURE:

The percentage of HIV exposed newborns receiving appropriate antiviral treatment to reduce the perinatal transmission of HIV.

STATUS:

Active

GOAL

To reduce the perinatal transmission of HIV infection for newborns in New Jersey. To improve the use of antiviral treatment to reduce the perinatal transmission of HIV.

DEFINITION

The percentage of HIV exposed newborns receiving appropriate antiviral treatment to reduce the perinatal transmission of HIV.

Numerator:

The number of HIV exposed newborns born in a given year who are reported to have received appropriate prenatal, perinatal, and/or neonatal antiviral treatment.

Denominator:

The number of HIV exposed newborns born in a given year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Annual newborn HIV seroprevalence, pediatric surveillance, and mother-child linkage studies conducted by the New Jersey Division of AIDS Prevention and Control.

SIGNIFICANCE

Early identification and AZT treatment of pregnant women identified as HIV infected has proven to significantly reduce perinatal transmission among their infants. Since the HIV virus causes a devastating illness resulting in death, any public health effort which could prevent infection should be aggressively implemented.

SO(Reporting Year) # 1

OUTCOME MEASURE:

The Fetal Mortality Rate per 1,000 live births plus fetal deaths

STATUS:

Active

GOAL

To reduce the number of fetal deaths.

DEFINITION

fetal mortality ratio

Numerator:

Number of fetal deaths (20 or more weeks of gestation)

Denominator:

Number of live births plus fetal deaths (20 or more weeks of gestation)

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital records collected by the State.

SIGNIFICANCE

Fetal mortality is a reflection of the health of the fetus and the health status and treatment of the pregnant mother.

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: NJ

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	47.7	50.2	49.2	43.5	43.5
Numerator	2,687	2,801	2,741	2,424	2,424
Denominator	563,900	557,980	556,673	557,421	557,421

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

2008 data entered as estimate for 2009.

Final 2009 data will be available in 2011.

- Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator of 2008 from Population Division, US Census Bureau, <http://www.census.gov/popest/states/asrh/tables/SC-EST2008-01.xls>

Final 2008 data will be available in 2011.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>94.7</u>	<u>0.0</u>	<u>90.5</u>	<u>92.0</u>	<u>100.0</u>
Numerator	<u>35,668</u>	<u>0</u>	<u>36,166</u>	<u>36,639</u>	<u>43,135</u>
Denominator	<u>37,646</u>	<u>56,371</u>	<u>39,971</u>	<u>39,805</u>	<u>43,135</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 4/2/2010.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 4/2/2009.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>90.5</u>	<u>92.0</u>	<u>100.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>36,166</u>	<u>36,639</u>	<u>43,135</u>
Denominator	<u>1</u>	<u>1</u>	<u>39,971</u>	<u>39,805</u>	<u>43,135</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2009

Field Note:

Data for HSCI #3 is currently not available. An estimate of the indicator using the percentage of periodic screenings for all New Jersey FamilyCare enrollees under age 1 is available from the Annual EPSDT Participant Report.

- Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Data for HSCI #3 is currently not available. An estimate of the indicator using the percentage of periodic screenings for all New Jersey FamilyCare enrollees under age 1 is available from the Annual EPSDT Participant Report. The estimate for 2008 is $36,639 / 39,805 = 92\%$.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>65.3</u>	<u>65.0</u>	<u>65.8</u>	<u>64.8</u>	<u>66.0</u>
Numerator	<u>72,085</u>	<u>72,675</u>	<u>72,506</u>	<u>70,714</u>	<u>70,633</u>
Denominator	<u>110,364</u>	<u>111,727</u>	<u>110,168</u>	<u>109,198</u>	<u>106,944</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

Source provisional 2009 Electronic Birth Certificate file.

HSCI #04 - 2009 provisional data is for percent of NEWBORNS

Final 2009 data will be available in 2011.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

Source: 2008 Electronic Birth Certificate file.

HSCI #04 - 2008 provisional data is for percent of NEWBORNS

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>57.7</u>	<u>59.4</u>	<u>61.8</u>	<u>56.0</u>	<u>59.0</u>
Numerator	<u>290,478</u>	<u>317,312</u>	<u>335,797</u>	<u>338,979</u>	<u>378,982</u>
Denominator	<u>503,008</u>	<u>534,469</u>	<u>542,985</u>	<u>605,041</u>	<u>642,519</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 4/2/2010.

Numerator reports eligibles (0-21 yrs) receiving at least one initial or periodic screen which is an under estimation of Medicaid eligibles receiving a service paid by the Medicaid Program.

- Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 4/2/2009.

Numerator reports eligibles (0-21 yrs) receiving at least one initial or periodic screen which is an under estimation of Medicaid eligibles receiving a service paid by the Medicaid Program.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>33.3</u>	<u>39.9</u>	<u>43.7</u>	<u>44.6</u>	<u>51.8</u>
Numerator	<u>36,065</u>	<u>41,222</u>	<u>51,042</u>	<u>53,714</u>	<u>66,437</u>
Denominator	<u>108,419</u>	<u>103,251</u>	<u>116,822</u>	<u>120,383</u>	<u>128,294</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Form CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services

2009 report dated 4/2/2010.

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

Source: Form CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services

2008 report dated 4/2/2009.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>60.0</u>	<u>60.0</u>	<u>58.4</u>	<u>59.7</u>	<u>53.2</u>
Numerator	<u>4,800</u>	<u>4,500</u>	<u>4,500</u>	<u>4,600</u>	<u>7,348</u>
Denominator	<u>8,000</u>	<u>7,500</u>	<u>7,700</u>	<u>7,700</u>	<u>13,810</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

Estimated by SCHEIS from monthly SSI reports. In 2009 computerized access to the monthly SSI reports report actual unduplicated data.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

Estimated by SCHEIS from monthly SSI reports.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: NJ

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2005	Matching data files	<u>8.7</u>	<u>7.9</u>	<u>8.4</u>
b) <i>Infant deaths per 1,000 live births</i>	2005	Matching data files	<u>7.6</u>	<u>6.5</u>	<u>6.7</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2005	Matching data files	<u>59.2</u>	<u>84.5</u>	<u>75.1</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2005	Matching data files	<u>45.9</u>	<u>71</u>	<u>62.2</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: NJ

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">185</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">18</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div>)	2009	<div style="text-align: right;">185</div> <div style="text-align: right;"><div style="border-bottom: 1px solid black; width: 40px;"></div></div> <div style="text-align: right;"><div style="border-bottom: 1px solid black; width: 40px;"></div></div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">200</div>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: NJ

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">350</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></div> 1 to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></div> 18) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></div>)	2009	<div style="text-align: right;">350</div> <div style="text-align: right;"><div style="border-bottom: 1px solid black; width: 40px;"></div></div> <div style="text-align: right;"><div style="border-bottom: 1px solid black; width: 40px;"></div></div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">350</div>

FORM NOTES FOR FORM 18

Income eligibility levels for NJ FamilyCare by child age and family size are available at <http://www.njfamilycare.org/pages/whatItCosts.html>

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2011

Field Note:

Data is from a file created by the MCH Epidemiology Program by matching the Electronic Birth Certificate file to the official Birth Certificate file. Most recent year available is 2005. Calculated rates/percents may not match rates/percents from the official Birth Certificate files due to missing and unknown insurance type.

2. **Section Number:** Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2011

Field Note:

Data is from a file created by the MCH Epidemiology Program by matching the Electronic Birth Certificate file to the official Birth Certificate file. Most recent year available is 2005. Calculated rates/percents may not match rates/percents from the official Birth Certificate files due to missing and unknown insurance type.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NJ

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NJ

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: New Jersey Youth Tobacco Survey	3	No

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: NJ

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	8.2	8.5	8.4	8.4	8.2
Numerator	9,045	9,494	9,494	9,233	8,726
Denominator	110,697	111,727	112,715	109,539	106,944

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

Source of provisional 2009 data is the 2009 Electronic Birth Certificate file (as of 7/12/2010) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2009 data will be available in 2011.

2. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

Source of 2008 data is the 2008 Electronic Birth Certificate file (as of 7/12/2010) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

3. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

Source of 2007 data is the 2007 Electronic Birth Certificate file (as of 5/6/2009) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data			
	2005	2006	2007	2008	2009
Annual Indicator	<u>6.0</u>	<u>6.2</u>	<u>6.2</u>	<u>6.1</u>	<u>5.9</u>
Numerator	<u>6,333</u>	<u>6,574</u>	<u>6,624</u>	<u>6,402</u>	<u>6,038</u>
Denominator	<u>105,966</u>	<u>106,735</u>	<u>107,700</u>	<u>104,603</u>	<u>102,077</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source of provisional 2009 data is the 2009 Electronic Birth Certificate file (as of 7/12/2010) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2009 data will be available in 2011.

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source of provisional 2008 data is the 2008 Electronic Birth Certificate file (as of 7/12/2010) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

3. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source of 2007 data is the 2007 Electronic Birth Certificate file (as of 5/6/2009) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data			
	2005	2006	2007	2008	2009
Annual Indicator	<u>1.6</u>	<u>1.6</u>	<u>1.5</u>	<u>1.6</u>	<u>1.5</u>
Numerator	<u>1,739</u>	<u>1,776</u>	<u>1,714</u>	<u>1,751</u>	<u>1,587</u>
Denominator	<u>110,697</u>	<u>111,727</u>	<u>112,715</u>	<u>109,539</u>	<u>106,944</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source of provisional 2009 data is the 2009 Electronic Birth Certificate file (as of 7/12/2010) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2009 data will be available in 2011.

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source of 2008 data is the 2008 Electronic Birth Certificate file (as of 7/12/2010) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

3. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source of 2007 data is the 2007 Electronic Birth Certificate file (as of 5/6/2009) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2005	2006	2007	2008	2009
Annual Indicator	<u>1.2</u>	<u>1.1</u>	<u>1.1</u>	<u>1.1</u>	<u>1.1</u>
Numerator	<u>1,232</u>	<u>1,201</u>	<u>1,177</u>	<u>1,191</u>	<u>1,191</u>
Denominator	<u>105,966</u>	<u>106,735</u>	<u>107,700</u>	<u>104,603</u>	<u>104,603</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source of provisional 2009 data is the 2009 Electronic Birth Certificate file (as of 7/12/2010) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2009 data will be available in 2011.

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source of 2008 data is the 2008 Electronic Birth Certificate file (as of 7/12/2010) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source of 2007 data is the 2007 Electronic Birth Certificate file (as of 5/6/2009) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>3.7</u>	<u>3.3</u>	<u>4.5</u>	<u>4.5</u>	<u>4.5</u>
Numerator	<u>65</u>	<u>56</u>	<u>76</u>	<u>76</u>	<u>76</u>
Denominator	<u>1,737,386</u>	<u>1,709,703</u>	<u>1,693,095</u>	<u>1,693,095</u>	<u>1,693,095</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2009

Field Note:

Data for 2009 is not yet available from the CDC.

2007 data is provided as a required estimate for 2009. Final 2009 data may be available in Fall 2012.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

Data for 2008 is not yet available from the CDC.

2007 data is provided as a required estimate for 2008. Final 2008 data may be available in Fall 2011.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

Source: CDC, National Center for Injury Prevention and Control
 at WISQARS Injury Mortality Reports - http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html .

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>1.3</u>	<u>1.2</u>	<u>1.7</u>	<u>1.7</u>	<u>1.7</u>
Numerator	<u>23</u>	<u>21</u>	<u>29</u>	<u>29</u>	<u>29</u>
Denominator	<u>1,737,386</u>	<u>1,709,703</u>	<u>1,693,095</u>	<u>1,693,095</u>	<u>1,693,095</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2009

Field Note:

Data for 2009 is not yet available from the CDC.

2007 data is provided as a required estimate for 2009. Final 2009 data may be available in Fall 2012.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

Data for 2008 is not yet available from the CDC.

2007 data is provided as a required estimate for 2008. Final 2008 data may be available in Fall 2011.

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

Source: CDC, National Center for Injury Prevention and Control
 at WISQARS Injury Mortality Reports - http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html .

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>15.2</u>	<u>16.4</u>	<u>14.6</u>	<u>14.6</u>	<u>14.6</u>
Numerator	<u>170</u>	<u>185</u>	<u>165</u>	<u>165</u>	<u>165</u>
Denominator	<u>1,115,520</u>	<u>1,125,137</u>	<u>1,126,489</u>	<u>1,126,489</u>	<u>1,126,489</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2009

Field Note:

Data for 2009 is not yet available from the CDC.

2007 data is provided as a required estimate for 2009. Final 2009 data may be available in Fall 2012.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

Data for 2008 is not yet available from the CDC.

2007 data is provided as a required estimate for 2008. Final 2008 data may be available in Fall 2011.

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

Source: CDC, National Center for Injury Prevention and Control
 at WISQARS Injury Mortality Reports - http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html .

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>186.2</u>	<u>176.5</u>	<u>176.5</u>	<u>176.5</u>	<u>176.5</u>
Numerator	<u>3,272</u>	<u>3,031</u>	<u>3,031</u>	<u>3,031</u>	<u>3,031</u>
Denominator	<u>1,757,198</u>	<u>1,716,883</u>	<u>1,716,883</u>	<u>1,716,883</u>	<u>1,716,883</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2009

Field Note:

2006 data entered as required estimate for 2009. Final 2000 data may not be available until Fall 2012.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

2006 data entered as required estimate for 2008. Final 2008 data may not be available until Fall 2010.

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

2006 data entered as required estimate for 2007. Final 2007 data may not be available until Fall 2010.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>26.9</u>	<u>25.2</u>	<u>25.2</u>	<u>25.2</u>	<u>25.2</u>
Numerator	<u>473</u>	<u>433</u>	<u>433</u>	<u>433</u>	<u>433</u>
Denominator	<u>1,757,198</u>	<u>1,716,883</u>	<u>1,716,883</u>	<u>1,716,883</u>	<u>1,716,883</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

2006 data entered as required provisional estimate for 2009. Final data for 2009 may be available in Fall 2012.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

2006 data entered as required provisional estimate for 2007. Final data for 2007 may be available in Fall 2011.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

2006 data entered as required provisional estimate for 2007. Final data for 2007 may be available in Fall 2010.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>141.3</u>	<u>116.6</u>	<u>121.4</u>	<u>121.4</u>	<u>121.4</u>
Numerator	<u>1,543</u>	<u>1,325</u>	<u>1,325</u>	<u>1,325</u>	<u>1,325</u>
Denominator	<u>1,091,626</u>	<u>1,136,404</u>	<u>1,091,626</u>	<u>1,091,626</u>	<u>1,091,626</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2009

Field Note:

2006 data entered as required provisional estimate for 2009. Final data for 2009 may be available in Fall 2012.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

2006 data entered as required provisional estimate for 2008. Final data for 2008 may be available in Fall 2011.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Provisional 2006 data entered as required 2007 estimate. Final data for 2007 may be available in Fall 2010.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2005	2006	Annual Indicator Data		
			2007	2008	2009
Annual Indicator	<u>23.0</u>	<u>24.4</u>	<u>24.4</u>	<u>24.4</u>	<u>24.4</u>
Numerator	<u>6,595</u>	<u>7,031</u>	<u>7,031</u>	<u>7,031</u>	<u>7,031</u>
Denominator	<u>286,813</u>	<u>287,937</u>	<u>287,937</u>	<u>287,937</u>	<u>287,937</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

2006 data entered as estimate for 2009. Final data for 2009 may be available in Fall 2011.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

2006 data entered as estimate for 2008. Final data for 2008 may be available in Fall 2010.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

2006 Data entered as estimate for 2007. Final data for 2007 may be available in Fall 2009.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>7.8</u>	<u>8.2</u>	<u>8.2</u>	<u>8.2</u>	<u>8.2</u>
Numerator	<u>11,801</u>	<u>12,387</u>	<u>12,387</u>	<u>12,387</u>	<u>12,387</u>
Denominator	<u>1,507,367</u>	<u>1,507,367</u>	<u>1,507,367</u>	<u>1,507,367</u>	<u>1,507,367</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Data from 2006 entered as a provisional estimate for 2009. Final data for 2009 may be available in Fall 2011.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

Data from 2006 entered as a provisional estimate for 2008. Final data for 2008 may be available in Fall 2010.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

Data from 2006 entered as a provisional estimate for 2007. Final data for 2007 may be available in Fall 2009.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	111,646	78,992	21,854	645	10,155	0	0	0
Children 1 through 4	445,315	322,498	79,866	1,809	41,142	0	0	0
Children 5 through 9	554,317	407,322	97,722	2,514	46,759	0	0	0
Children 10 through 14	581,817	431,502	102,672	2,604	45,039	0	0	0
Children 15 through 19	589,614	440,645	107,750	2,639	38,580	0	0	0
Children 20 through 24	536,875	402,055	97,593	2,696	34,531	0	0	0
Children 0 through 24	2,819,584	2,083,014	507,457	12,907	216,206	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	81,288	30,358	0
Children 1 through 4	337,779	107,536	0
Children 5 through 9	444,115	110,202	0
Children 10 through 14	480,030	101,787	0
Children 15 through 19	487,388	102,226	0
Children 20 through 24	432,160	104,715	0
Children 0 through 24	2,262,760	556,824	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	104	49	52	0	0	0	0	3
Women 15 through 17	2,184	1,134	894	0	19	0	0	137
Women 18 through 19	4,955	2,867	1,804	0	40	0	0	244
Women 20 through 34	80,408	54,817	13,877	0	8,064	0	0	3,650
Women 35 or older	24,076	18,305	2,942	0	2,108	0	0	721
Women of all ages	111,727	77,172	19,569	0	10,231	0	0	4,755

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	55	49	0
Women 15 through 17	1,140	1,044	0
Women 18 through 19	2,727	2,221	0
Women 20 through 34	58,584	21,710	0
Women 35 or older	20,192	3,865	0
Women of all ages	82,698	28,889	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	632	363	242	0	27	0	0	0
Children 1 through 4	84	53	27	0	4	0	0	0
Children 5 through 9	49	37	10	0	2	0	0	0
Children 10 through 14	76	60	15	0	1	0	0	0
Children 15 through 19	297	199	89	0	9	0	0	0
Children 20 through 24	484	322	149	1	12	0	0	0
Children 0 through 24	1,622	1,034	532	1	55	0	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	488	143	1
Children 1 through 4	67	17	0
Children 5 through 9	43	6	0
Children 10 through 14	57	19	0
Children 15 through 19	258	39	0
Children 20 through 24	410	74	0
Children 0 through 24	1,323	298	1

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	2,152,964	1,214,107	333,412	0	180,620	0	420,640	4,185	2009
Percent in household headed by single parent	28.0	17.0	61.0	0.0	9.0	0.0	0.0	9.0	2008
Percent in TANF (Grant) families	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2009
Number enrolled in Medicaid	433,695	0	0	0	0	0	0	433,695	2009
Number enrolled in SCHIP	131,556	0	0	0	0	0	0	131,556	2009
Number living in foster home care	8,831	0	0	0	0	0	0	8,831	2008
Number enrolled in food stamp program	253,684	0	0	0	0	0	0	253,684	2009
Number enrolled in WIC	179,937	34,042	43,526	1,068	5,439	0	2,389	93,473	2009
Rate (per 100,000) of juvenile crime arrests	2,429.0	0.0	0.0	0.0	0.0	0.0	0.0	2,429.0	2008
Percentage of high school drop-outs (grade 9 through 12)	4.0	3.0	5.0	0.0	1.0	0.0	0.0	0.0	2008

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	0	436,977	0	2009
Percent in household headed by single parent	0.0	41.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	100.0	2009
Number enrolled in Medicaid	0	0	433,695	2009
Number enrolled in SCHIP	0	0	131,556	2009
Number living in foster home care	0	0	8,831	2008
Number enrolled in food stamp program	0	0	253,684	2009
Number enrolled in WIC	86,464	93,473	0	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	2,429.0	2008
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	8.0	2008

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u>2,288,504</u>
Living in urban areas	<u>2,276,759</u>
Living in rural areas	<u>0</u>
Living in frontier areas	<u>0</u>
Total - all children 0 through 19	<u>2,276,759</u>

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	8,663,398.0
Percent Below: 50% of poverty	4.2
100% of poverty	9.2
200% of poverty	24.9

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>2,276,759.0</u>
Percent Below: 50% of poverty	<u>5.0</u>
100% of poverty	<u>13.8</u>
200% of poverty	<u>30.9</u>

FORM NOTES FOR FORM 21

Source for HSI #6A Total Population: CDC Wonder System at <http://wonder.cdc.gov/bridged-race-v2008.html>.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2011
Field Note:
Data Source: US Census county population estimates as of July, 2010 from <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=NJ&ind=2138>
White=White, non-Hispanic
2. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2011
Field Note:
Source: National KIDS COUNT Program
<http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=NJ&cat=1326&group=Category&loc=32&dt=1%2c3%2c2%2c4>
White=White, non-Hispanic
3. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2011
Field Note:
Children Receiving Welfare (Number) – 2009 = 63,556
Data Source: New Jersey Department of Human Services, Division of Family Development
<http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=NJ&ind=2109>
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2011
Field Note:
NJ Children in Families Receiving Medicaid (Number) – 2009 = 433,695
Data Provided by: Association for Children of New Jersey <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=NJ&ind=2109>
5. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2011
Field Note:
NJ Children Receiving FamilyCare (Number) – 2009 = 131,556
Data Provided by: Association for Children of New Jersey <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=NJ&ind=2109>
6. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2011
Field Note:
NJ Children in Families Receiving Food Stamps (Number) – 2009
Data Provided by: Association for Children of New Jersey
<http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=NJ&ind=2110>
7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2011
Field Note:
Source: WIC 2009 Pediatric Nutrition Surveillance Report Table 1C. Children aged < 5 years.
8. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2011
Field Note:
NJ Uniform Crime Report 2008 - 52,684 Juvenile Arrests
<http://www.state.nj.us/njsp/info/ucr2008/index.html>
9. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2011
Field Note:
Data Provided by: National KIDS COUNT Program
<http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=NJ&cat=1311&group=Category&loc=32&dt=1%2c3%2c2%2c4>
Teens ages 16 to 19 who are not in school and are not high school graduates by race
White = white, Non-Hispanic
10. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2011

Field Note:

Data Source: US Census county population estimates as of July, 2010 from <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=NJ&ind=2138>

11. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2011
Field Note:
Children Receiving Welfare (Number) – 2009 = 63,556
Data Source: New Jersey Department of Human Services, Division of Family Development
<http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=NJ&ind=2109>
12. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2011
Field Note:
Source: Population Division, U.S. Census Bureau accessed from
http://lwd.dol.state.nj.us/labor/lpa/dmograph/est/nj_agesex.xls
13. **Section Number:** Form21_Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2011
Field Note:
Source: U.S. Census Bureau, Current Population Survey, 2009 Annual Social and Economic Supplement. at
http://www.census.gov/hhes/www/cpstables/032009/pov/new46_100125_01.htm
9.2 +- .8
14. **Section Number:** Form21_Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2011
Field Note:
Source: U.S. Census Bureau, Current Population Survey, 2009 Annual Social and Economic Supplement. at
http://www.census.gov/hhes/www/cpstables/032009/pov/new46_100125_01.htm
24.9 +- 1.1
15. **Section Number:** Form21_Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2011
Field Note:
Source: Population Division, US Census Bureau, May 14, 2009.
16. **Section Number:** Form21_Indicator 12
Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:
Year: 2011
Field Note:
Source: U.S. Census Bureau, Current Population Survey, 2009 Annual Social and Economic Supplement at
http://www.census.gov/hhes/www/cpstables/032009/pov/new46_185200_04.htm
POV46: Poverty Status by State: 2008
< 18 years = 13.8 +- 1.6
17. **Section Number:** Form21_Indicator 12
Field Name: S12_200percent
Row Name: 200% of poverty
Column Name:
Year: 2011
Field Note:
Source: U.S. Census Bureau, Current Population Survey, 2009 Annual Social and Economic Supplement at
http://www.census.gov/hhes/www/cpstables/032009/pov/new46_185200_04.htm
POV46: Poverty Status by State: 2008
< 18 years = 30.9 +- 2.2
18. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2011
Field Note:
NJ Children in Out-of-Home Placements (Number) – 2009
Data Provided by: Association for Children of New Jersey
<http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=NJ&ind=2125>

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: NJ

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The percentage of Black non-Hispanic preterm infants in New Jersey

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	13.2	13.1	13	13	13
Annual Indicator	11.5	12.1	11.3	11.0	10.6
Numerator	1,866	2,039	1,945	1,861	1,744
Denominator	16,221	16,864	17,256	16,858	16,507
Data Source				EBC	EBC
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	13	12	12	11.5	11.5
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

1. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2009

Field Note:

Provisional 2009 data from the Electronic Birth Certificate file as of 6/23/2010. Final 2009 data will be available in 2012.

2. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2008

Field Note:

Provisional 2008 data from the Electronic Birth Certificate file as of 6/23/2010. Final 2008 data will be available in 2011.

3. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data from the Electronic Birth Certificate file as of 5/6/2009.

STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015The percentage of children with elevated blood lead levels (≥ 20 ug/dL).

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	0.3	0.3	0.2	0.2	0.2
Annual Indicator	0.4	0.3	0.2	0.2	
Numerator	628	450	350	273	
Denominator	173,141	179,158	161,776	174,647	
Data Source				Childhood Lead Prevention Program Database	
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	0.1	0.1	0.1	0.1	0.1
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**Source: Childhood Lead Prevention Program Database, MCCH, FHS.
for Federal Fiscal Year 2008. Final 2008 data will be available in Spring 2010.**2. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**Source: Childhood Lead Prevention Program Database, MCCH, FHS.
for Federal Fiscal Year 2007.

STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The number of Regional MCH Consortia conducting community-based Fetal and Infant Mortality Review (FIMR) Teams and implementing recommendations through a Community Action Team.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Reduce the proportion of children and adolescents who are overweight or obese.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percentage of newborns who are discharged from NJ hospitals, reside in New Jersey, did not pass their newborn hearing screening and who have outpatient audiologic follow-up documented.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	77	79	81	83	85
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of live children registered with the BDARS who have been referred to NJ's Special Child Health Services Case Management Unit who are receiving services.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	70	75	80	85
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Average age of diagnosis for children reported to the NJ Birth Defects & Autism Reporting System (BDARS) with an Autism Spectrum Disorder.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective		4.3	4	3.5	3
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: NJ

Form Level Notes for Form 12

None

STATE OUTCOME MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The Fetal Mortality Rate per 1,000 live births plus fetal deaths

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		7	7	6.9	6.5
Annual Indicator	6.4	6.1	6.1	6.1	
Numerator	742	703	703	703	
Denominator	115,185	114,355	114,355	114,355	
Data Source				NCHS	
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	6.3	6.1	6	5.9	5.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2008

Field Note:

Final data for 2008 is not available as of 5/6/2009. Data from 2005 is entered into 2008 as a required estimate. Final 2008 data may be available in 2012.

2. Section Number: Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2007

Field Note:

Final data for 2007 is not available as of 5/6/2009. Data from 2005 is entered into 2007 as a required estimate. Final 2007 data may be available in 2011.

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: NJ

SP(New for Needs Assessment cycle 2011-2015) # 1

PERFORMANCE MEASURE:

The percentage of Black non-Hispanic preterm infants in New Jersey

STATUS:

Active

GOAL

Decrease the rate of Black non-Hispanic preterm births.

DEFINITION

A preterm birth is defined as any newborn whose birth occurs through the end of the last day of the 37th week (259th day) following the onset of the last menstrual period.

Numerator:

Number of Black non-Hispanic preterm births (less than 259 days from the onset of the last menstrual period) in New Jersey.

Denominator:

Number of Black non-Hispanic live births in New Jersey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital statistics collects the date of the last menstrual period and gestational age routinely on the electronic birth certificate.

SIGNIFICANCE

Preterm births are a primary determinant of Black infant mortality. Infant who are born preterm are at the highest risk for infant mortality and morbidity.

PERFORMANCE MEASURE:	The percentage of children with elevated blood lead levels (≥ 20 ug/dL).
STATUS:	Active
GOAL	Decrease the percentage of children with elevated blood lead levels.
DEFINITION	<p>The percentage of children with elevated blood lead levels (≥ 20 ug/dL).</p> <p>Numerator: The number of children with elevated blood lead levels (≥ 20 ug/dL).</p> <p>Denominator: The number of children reported tested for blood lead in New Jersey.</p> <p>Units: 100 Text: Percent</p>

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES	New Jersey's Childhood Lead Data Reporting and Tracking System starting in FY 1999. Prior years data based on reports from local health departments participating in NJDHSS childhood lead poisoning surveillance system.
SIGNIFICANCE	Children with elevated blood lead levels are at increased risk for behavioral, physiological and learning problems.

PERFORMANCE MEASURE:	The number of Regional MCH Consortia conducting community-based Fetal and Infant Mortality Review (FIMR) Teams and implementing recommendations through a Community Action Team.
STATUS:	Active
GOAL	Reduce fetal and infant mortality.
DEFINITION	<p>The number of Regional MCH Consortia conducting community-based Fetal and Infant Mortality Review (FIMR) Teams and implementing recommendations through a Community Action Team.</p> <p>Numerator: The number of Regional MCH Consortia conducting community-based Fetal and Infant Mortality Review (FIMR) Teams AND implementing recommendations through a Community Action Team.</p> <p>Denominator: The number of Regional MCH Consortia conducting community-based Fetal and Infant Mortality Review (FIMR) Teams</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	The NJDHSS Maternal and Child Health Services Unit.
SIGNIFICANCE	Reduce fetal and infant mortality.

PERFORMANCE MEASURE: Reduce the proportion of children and adolescents who are overweight or obese.

STATUS: Active

GOAL Obesity prevention.

DEFINITION Reduce the proportion of children and adolescents who are overweight or obese.

Numerator:
The number of children and adolescents who are overweight or obese (BMI>85%) from the NJ Student Health Survey (YRBS).

Denominator:
The number of children and adolescents participating in the NJ Student Health Survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES NJ Student Health Survey (YRBS)

SIGNIFICANCE Obesity prevention.

PERFORMANCE MEASURE:	Percentage of newborns who are discharged from NJ hospitals, reside in New Jersey, did not pass their newborn hearing screening and who have outpatient audiologic follow-up documented.
STATUS:	Active
GOAL	Improve follow-up of newborns who fail their initial newborn hearing screening test.
DEFINITION	<p>Percentage of newborns who are discharged from NJ hospitals, reside in New Jersey, did not pass their newborn hearing screening and who have outpatient audiologic follow-up documented.</p> <p>Numerator: Number of newborns who are discharged from NJ hospitals, reside in New Jersey, did not pass their newborn hearing screening AND who have outpatient audiologic follow-up documented.</p> <p>Denominator: Number of newborns who are discharged from NJ hospitals, reside in New Jersey, did not pass their newborn hearing screening test.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Newborn Hearing Screening Program
SIGNIFICANCE	Improve follow-up of newborns who fail their initial newborn hearing screening test.

PERFORMANCE MEASURE:	Percent of live children registered with the BDARS who have been referred to NJ's Special Child Health Services Case Management Unit who are receiving services.
STATUS:	Active
GOAL	Improving access to services for families having children with special health care needs.
DEFINITION	<p>Percent of live children registered with the Birth Defects and Autism Reporting System (BDARS) who have been referred to New Jersey's Special Child Health Services Case Management Unit who are receiving services.</p> <p>Numerator: Number of live children registered with the Birth Defects and Autism Reporting System (BDARS) who have been referred to New Jersey's Special Child Health Services Case Management Unit AND who are receiving services.</p> <p>Denominator: Number of live children registered with the Birth Defects and Autism Reporting System (BDARS).</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Birth Defects and Autism Reporting System (BDARS)
SIGNIFICANCE	Improving access to services for families having children with special health care needs.

PERFORMANCE MEASURE:

Average age of diagnosis for children reported to the NJ Birth Defects & Autism Reporting System (BDARS) with an Autism Spectrum Disorder.

STATUS:

Active

GOAL

Improve time to diagnosis for children with Autism Spectrum Disorders.

DEFINITION

Average age of diagnosis for children reported to the NJ Birth Defects & Autism Reporting System (BDARS) with an Autism Spectrum Disorder.

Numerator:

Age at diagnosis in years for children reported to the NJ Birth Defects & Autism Reporting System (BDARS) with an Autism Spectrum Disorder.

Denominator:

Number of children reported to the NJ Birth Defects & Autism Reporting System (BDARS) with an Autism Spectrum Disorder.

Units: 1 **Text:** Ratio

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

NJ Birth Defects & Autism Reporting System (BDARS)

SIGNIFICANCE

Improve time to diagnosis for children with Autism Spectrum Disorders to ensure early and intensive intervention.

SO(New for Needs Assessment cycle 2011-2015) # 1

OUTCOME MEASURE:

The Fetal Mortality Rate per 1,000 live births plus fetal deaths

STATUS:

Active

GOAL

To reduce the number of fetal deaths.

DEFINITION

fetal mortality ratio

Numerator:

Number of fetal deaths (20 or more weeks of gestation)

Denominator:

Number of live births plus fetal deaths (20 or more weeks of gestation)

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital records collected by the State.

SIGNIFICANCE

Fetal mortality is a reflection of the health of the fetus and the health status and treatment of the pregnant mother.

